



**BUILDING HEALTH EQUITY INTO ALL POLICIES  
NEW PARTNERS FOR SMART GROWTH CONFERENCE  
FEBRUARY 14, 2014**



# Overview

- Moderator – Councilman Tom Butt
- Building Health Equity into all Policies – Diane Aranda
- “City Services through the Prism of Health”  
City of Richmond HiAP - Shasa Curl
- HiAP Strategy Document and Ordinance – Jonathan Malagon
- Planning for Climate Justice and Equity – Will Dominie
- Q & A



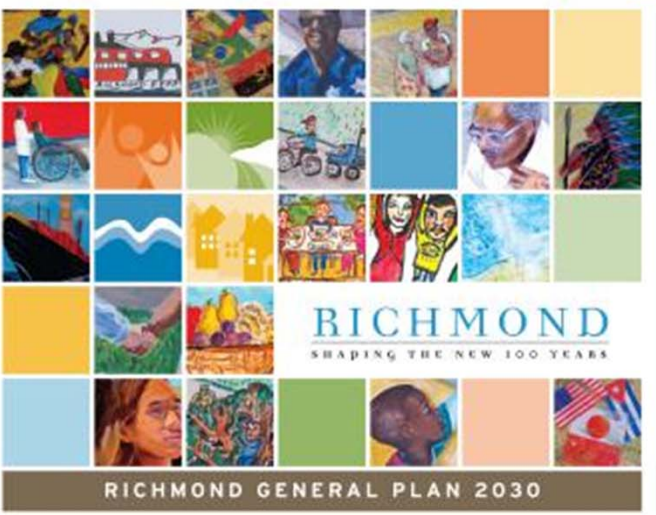
# Richmond Background

3

- 103,700 Residents
- Majority minority population
- 32 miles of shoreline
- 292.6 acres of parkland
- 17 miles of the SF bay trail
- Most solar watts installed per capita for large Cities in the Bay Area
- Mayor Gayle McLaughlin
- 7 member City Council
- City Manager Bill Lindsay



# General Plan 2030 and Community Health & Wellness Element



# Building Health Equity into All Policies

Diane Aranda, Program Manager  
New Partners for Smart Growth Conference  
February 14, 2014

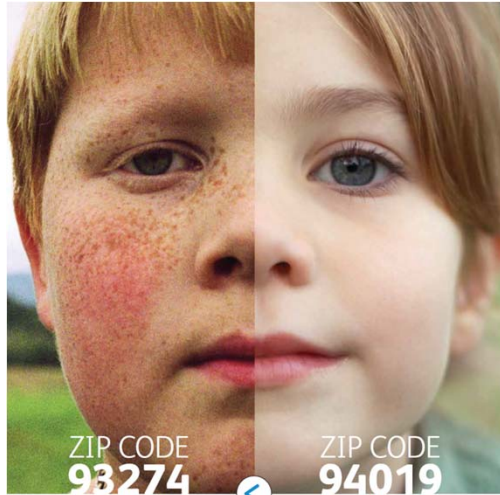


# Building Healthy Communities

A 10-year, strategic partnership with 14 communities to demonstrate improved health status for children and youth and provide a blueprint for creating healthy communities through prevention



# Health Happens Here



ZIP CODE  
**93274**

Chance of Graduating  
From High School

**37%**



ZIP CODE  
**94019**

Chance of Graduating  
From High School

**94%**



Your ZIP code shouldn't predict whether you'll graduate from high school – but it does. School surroundings and activities play a key role in the academic success and health of California's children.

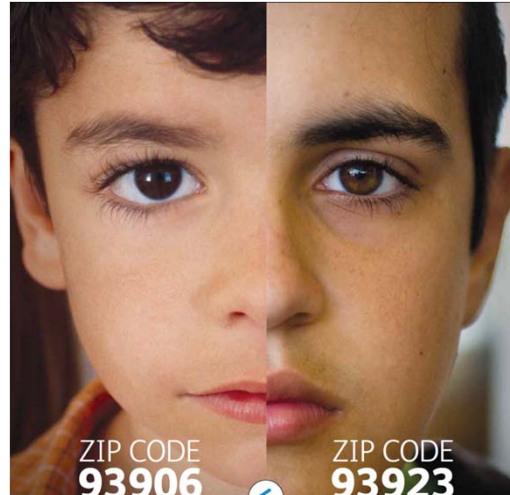
This year, Gov. Jerry Brown and other state leaders recognized that **Health Happens in Schools**. The California Endowment thanks California's leaders for making our schools healthier and our state stronger.

**AB 9 "Seth's Law" (Ammiano) AB 1156 (Eng)**: Prevents bullying.

**AB 131 "Dream Act" (Cedillo)**: Allows undocumented California students to apply for college financial aid.

**"Blueprint for Great Schools" (State Superintendent of Public Instruction Tom Torlakson)**: Connects health and fitness to academic success.

To learn more visit  
[www.calendow.org](http://www.calendow.org)



ZIP CODE  
**93906**

Chance of Graduating  
From High School

**55%**



ZIP CODE  
**93923**

Chance of Graduating  
From High School

**98%**



**"Blueprint for Great Schools" (State Superintendent of Public Instruction Tom Torlakson)**: Connects health and fitness to academic success.

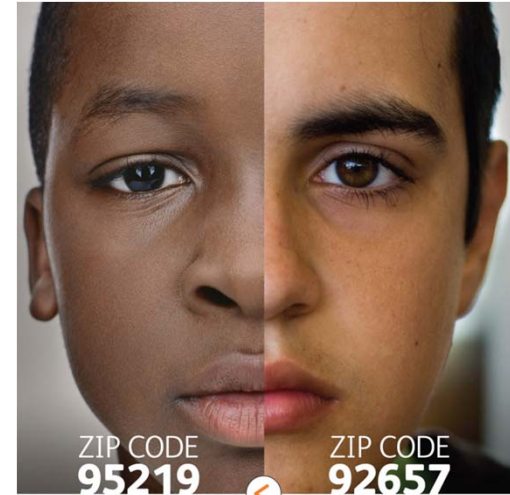
Your ZIP code shouldn't predict whether you'll graduate from high school or how long you'll live – but it does.

This year, Governor Jerry Brown and legislators recognized that **Health Happens in Schools and Neighborhoods**. The California Endowment would like to thank California's leaders for taking steps to make our communities and our state stronger.

**AB 1221 (Alejo)**: Helps disadvantaged communities receive more access to clean water services.

**AB 131 "Dream Act" (Cedillo)**: Allows undocumented California students to apply for college financial aid.

To learn more visit  
[www.calendow.org](http://www.calendow.org)



ZIP CODE  
**95219**

Life Expectancy

**73**



ZIP CODE  
**92657**

Life Expectancy

**88**



Your ZIP code should not determine the length of your life. This year, California legislators and Governor Jerry Brown recognized that **health happens in neighborhoods**. The California Endowment would like to thank California's leaders for taking steps to make our communities and our state stronger.

**AB 581 (Perez)**: Brings grocery stores to neighborhoods where they are needed.

**AB 6 (Fuentes)**: Eliminates bureaucratic red tape for families who need access to healthy food.

**SB 20 (Pudiloff)**: Gives Californians the facts about restaurant food.

**SB 244 (Wolk)**: Requires local land use planning to include improvement of disadvantaged communities.

To learn more visit  
[www.calendow.org](http://www.calendow.org)

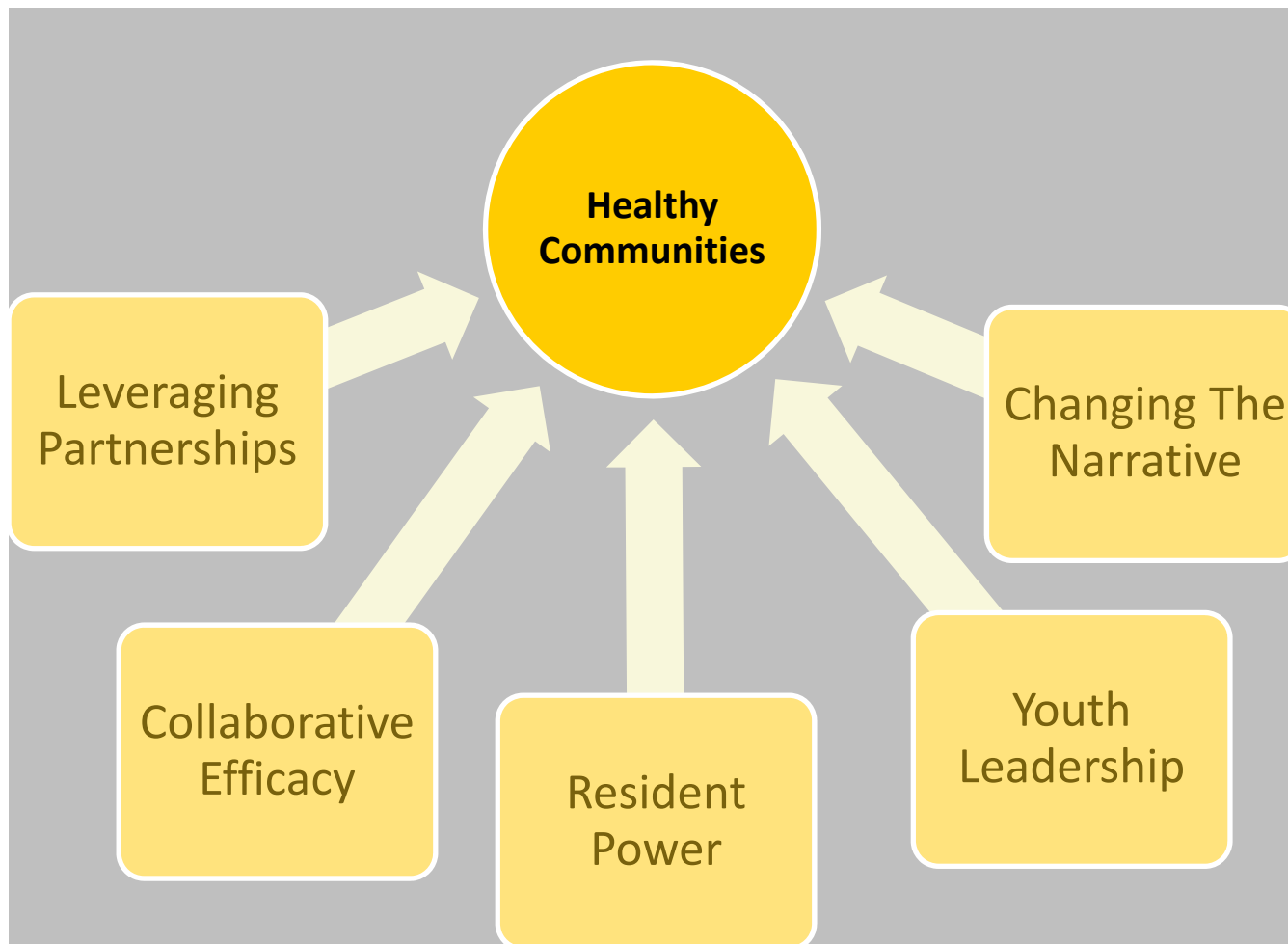
# Understanding Health Equity

*Health inequity refers to those inequalities in health that are deemed to be unfair or stemming from some form of injustice.*

- I Kawachi, S V Subramanian, N Aleida-Filho



# Drivers of Change



Healthy  
Communities

**NARRATIVE**

Leveraging  
Partnerships

Changing  
The  
Narrative

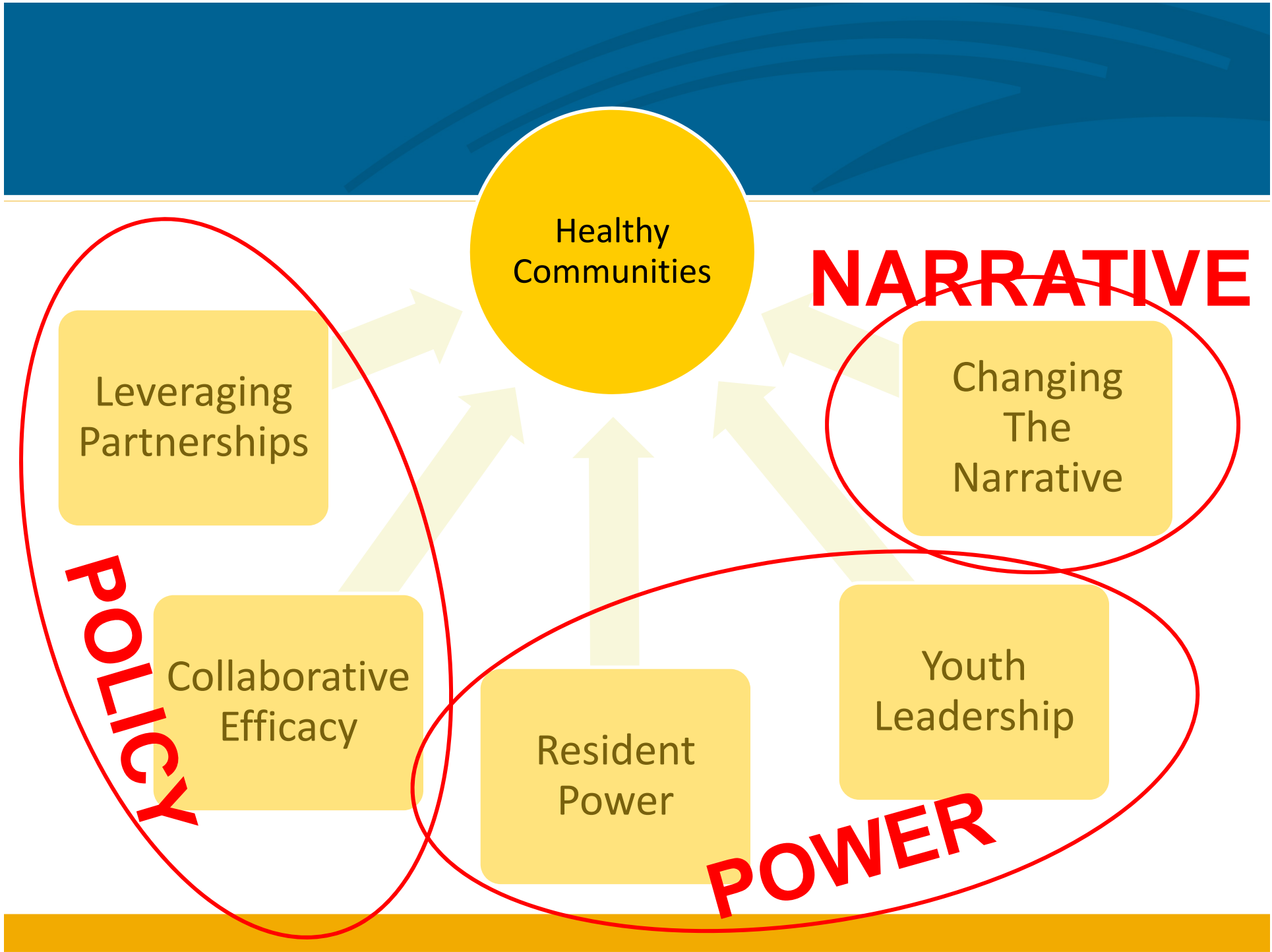
**POLICY**

Collaborative  
Efficacy

Resident  
Power

Youth  
Leadership

**POWER**



# Building Power

## Adult and Youth Leadership Development



*Photo courtesy of CCISCO*



## Organizing and Advocacy

# Changing the Narrative



## SPEAKING TRUTH ON COMING HOME

RESEARCH, FINDINGS AND RECOMMENDATIONS  
ON REENTRY IN RICHMOND



## RICHMOND Pulse

71 November / November 2012 WWW.RICHMONDPULSE.ORG BILINGUAL EDITION

### English Learners Get an Assist From Volunteers Estudiantes de Inglés Obtienen Apoyo De Parte De Voluntarios

News Feature • Edgardo Corvino-Soto

"Every good story has a conflict," says Larin teacher as she draws a story plot map for her students. Arleth and Saúl, both 14 and freshmen at Richmond High, follow along, drawing the jagged map onto their notebooks, labeling the exposition, rising action and climax. The lesson has Arleth, Saúl and 25 of their English Language Development (ELD) Level 4 classmates listening, and in some cases, re-learning the basics of writing.

ELD students, also known as English Language Learners, are the fastest growing group of students in American public schools. A 2008 study from the Migration Policy Institute, a non-partisan, non-profit think tank on the East Coast, estimated 5.3 million K-12 students in the U.S. are English Learners, with 1.6 million in California alone.

ELD students consistently rank among the lowest in state test scores, high school graduation and college attendance rates. What's more, the demographics of this population are changing dramatically.

It is common perception that all ELD students are immigrants and non-native English speakers. However, that is far from reality. The Urban Institute in a 2005 study stated that more than half of ELD students in high school are native-born Americans, with Spanish-speaking



volunteers were recruited to mentor five ELD classes — approximately 150 students over a one-year period. "We wanted to begin with ELD 4 because we have a lot of students who stay in ELD for a long time," says Francis. "And I know that they want to get out and be in regular classes."

Reportage, Edgardo Corvino-Soto

"Esta historia buena tiene un conflicto", dice la profesora mientras dibuja un mapa de argumento de la historia para sus estudiantes. Arleth y Saúl, ambos estudiantes de primer año y de 14 años en Richmond High, pasan atención, dibujando el mapa detallado en sus cuadernos, etiquetando la exposición, acción creciente y el clímax.

Arleth y Saúl y 25 de sus compañeros del Desarrollo del Idioma Inglés (ELI) por sus niveles en inglés del año Nivel 4 aprendiendo, y en algunas clases, volviendo a aprender

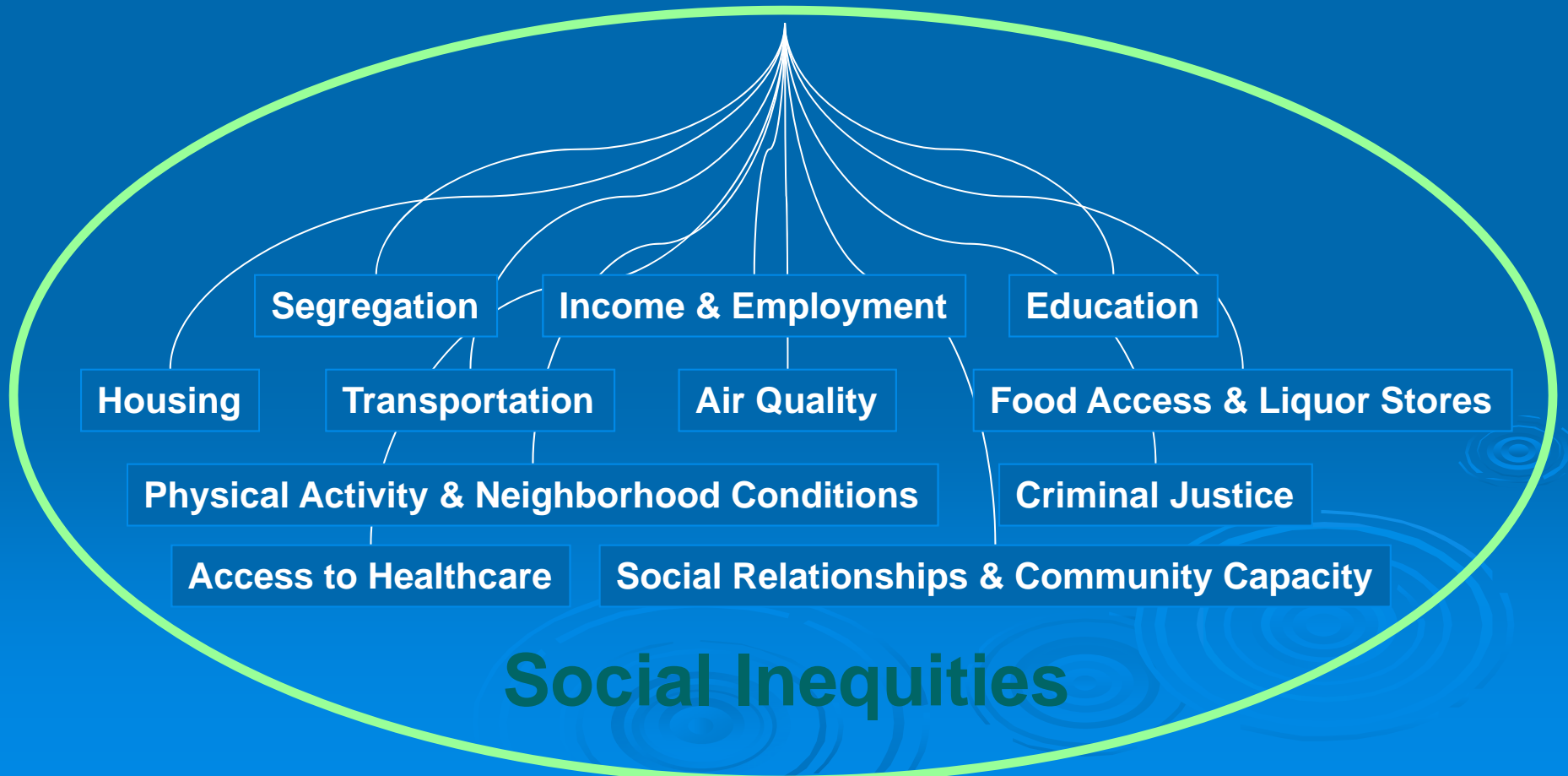
de inglés.

Saúl, cuya padre es de México, nació en Washington, pero se trasladó a Richmond, porque su madre no le gustaba el frío. De mediana estatura y delgado, su decisión de abandonar su país que le cubren la espalda habla a su interés por los deportes, especialmente el fútbol. Admite que no lee mucho fuera de la escuela, con excepciones de su videojuego favorito y revistas de películas. No es que él odia hacerlo, dice Saúl, sólo "depende si estoy de buena".

Arleth nació en Berkeley y sus padres también son de México — su madre se mudó a los EE.UU. a la edad de 14 años y se graduó de Richmond High. Una solamente pequeña y la mayor de cinco hermanas, Arleth tiene interés en dibujar con lápiz y la fotografía. Para de la clase, escribe con frecuencia, por lo general



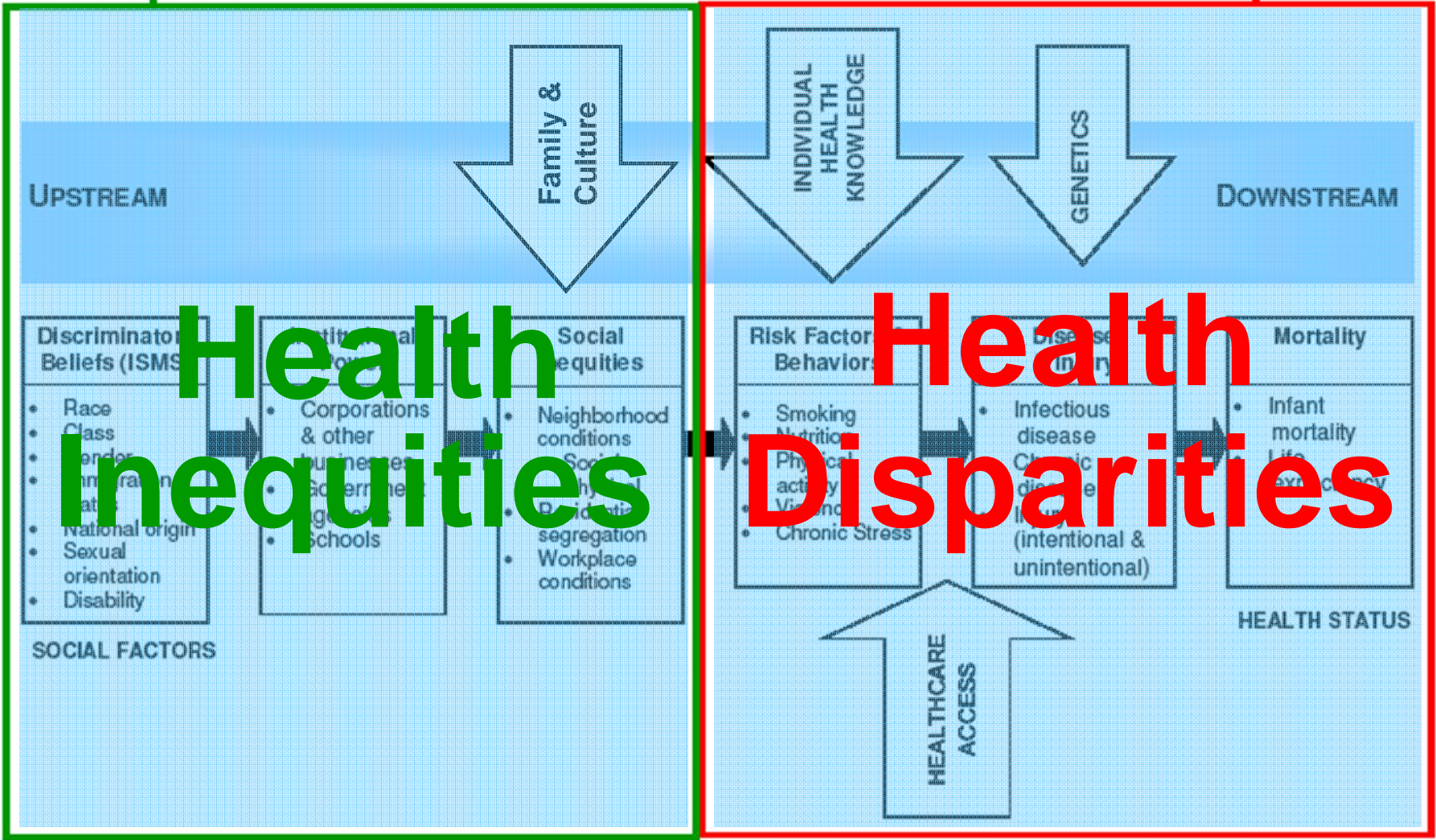
# Health Inequities



# A Framework for Health Equity

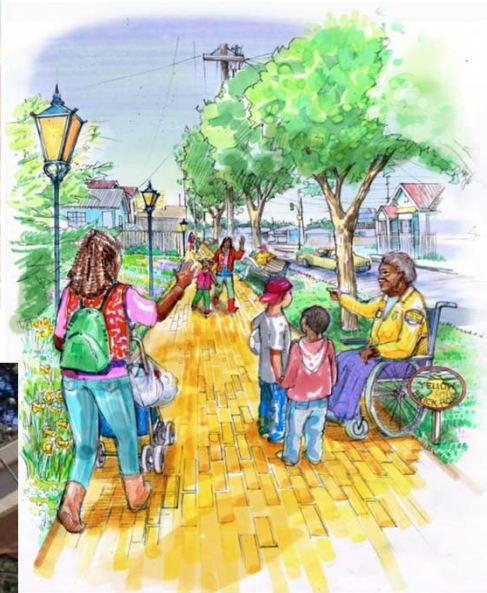
Socio-Ecological

Medical Model



- Adapted by ACPHD from the Bay Area Regional Health Inequities Initiative, Summer 2008

# “City Services Through the Prism of Health”



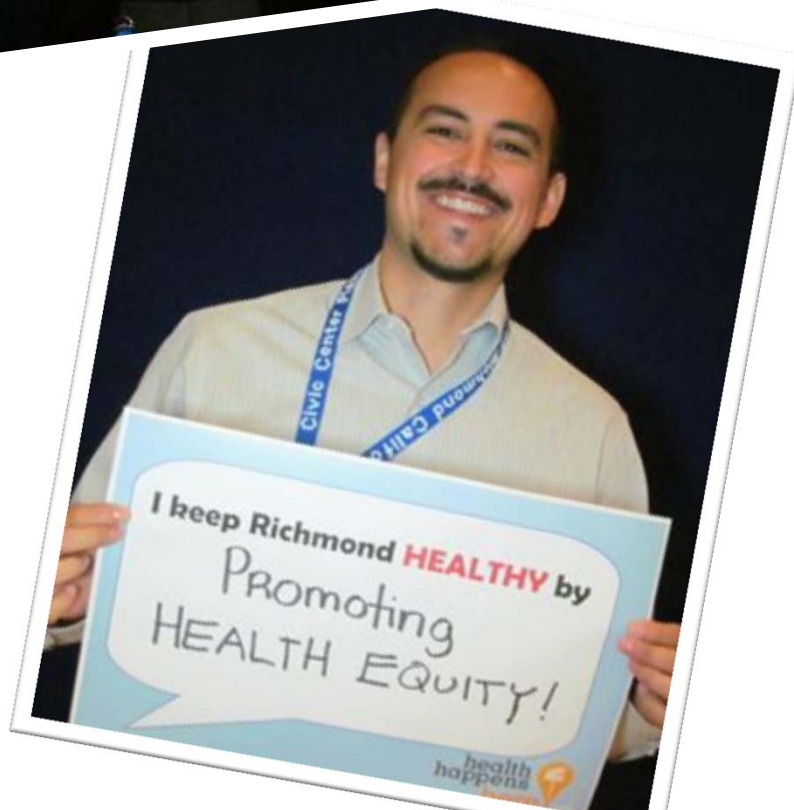
# What is Health?

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.





# Health Equity



Health equity is achieving the highest level of health for all people. Health equity entails focused societal efforts to address avoidable inequalities by equalizing the conditions for health for all groups, especially for those who have experienced socioeconomic disadvantage or historical injustices (such as racism).

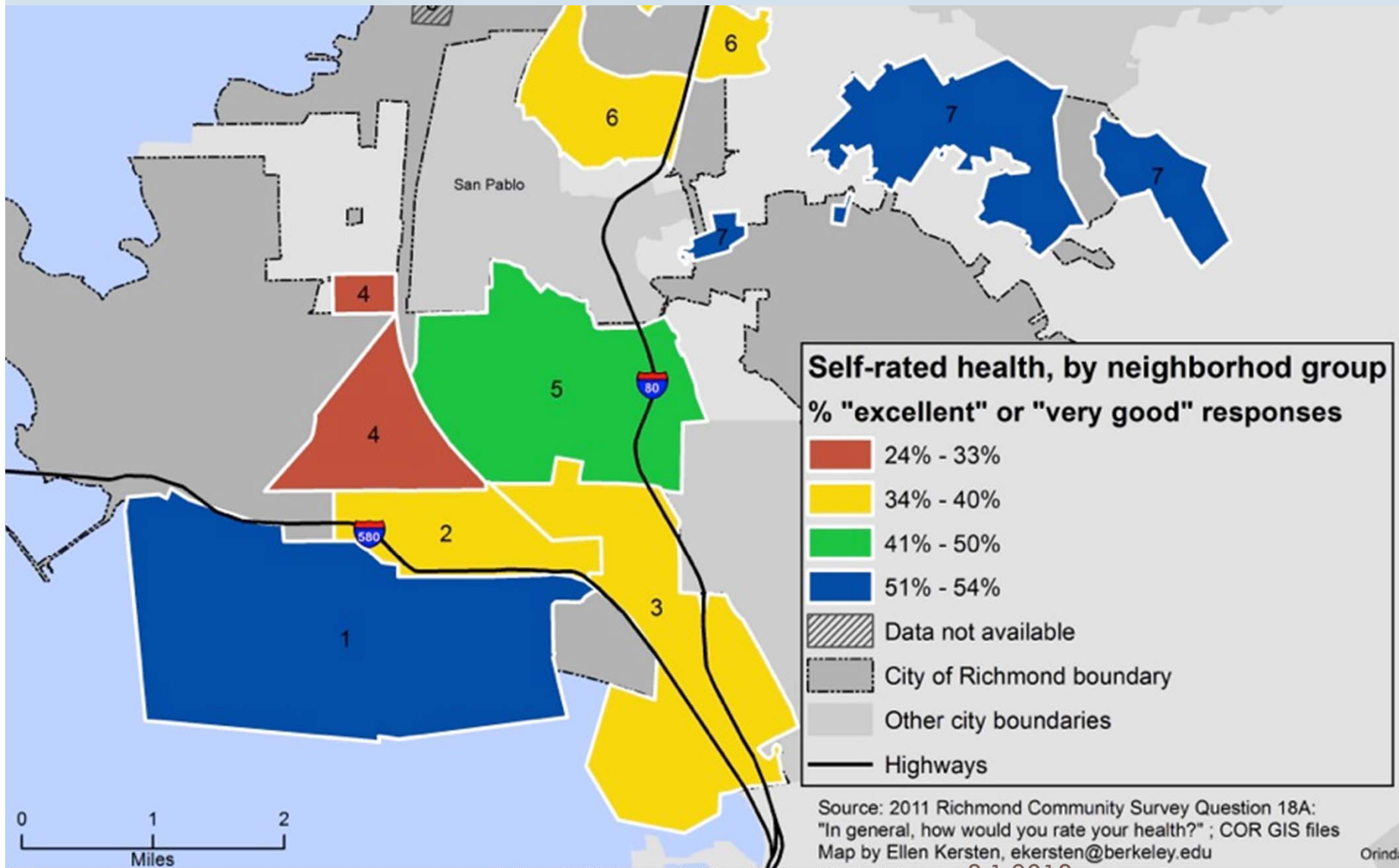
# Health in All Policies

- A core component of implementing the Community Health & Wellness Element of the General Plan & improving the well-being and living conditions for all Richmond residents.

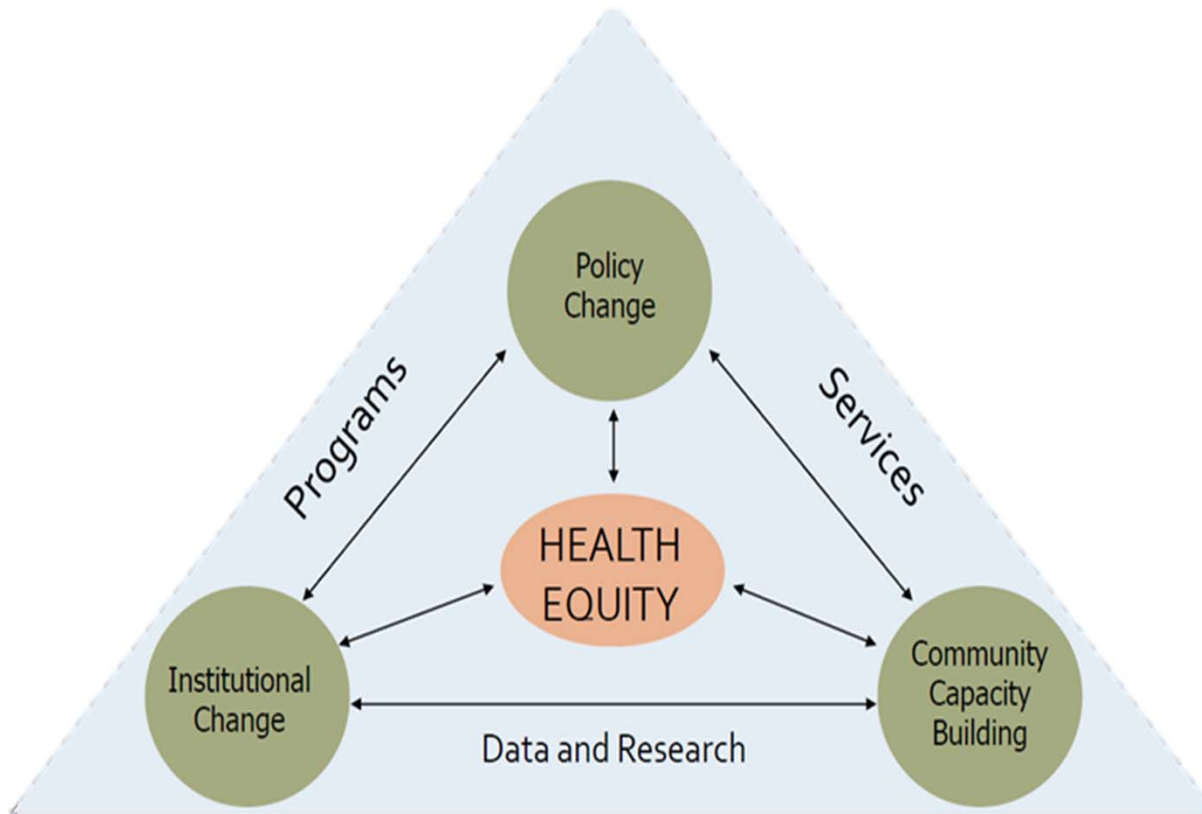


Health in all Policies is city management as ‘preventative medicine’ and all city staff are ‘community clinicians.’

# Results from the 2011 Richmond Community Survey: Self-Rated Health



# Model of Change

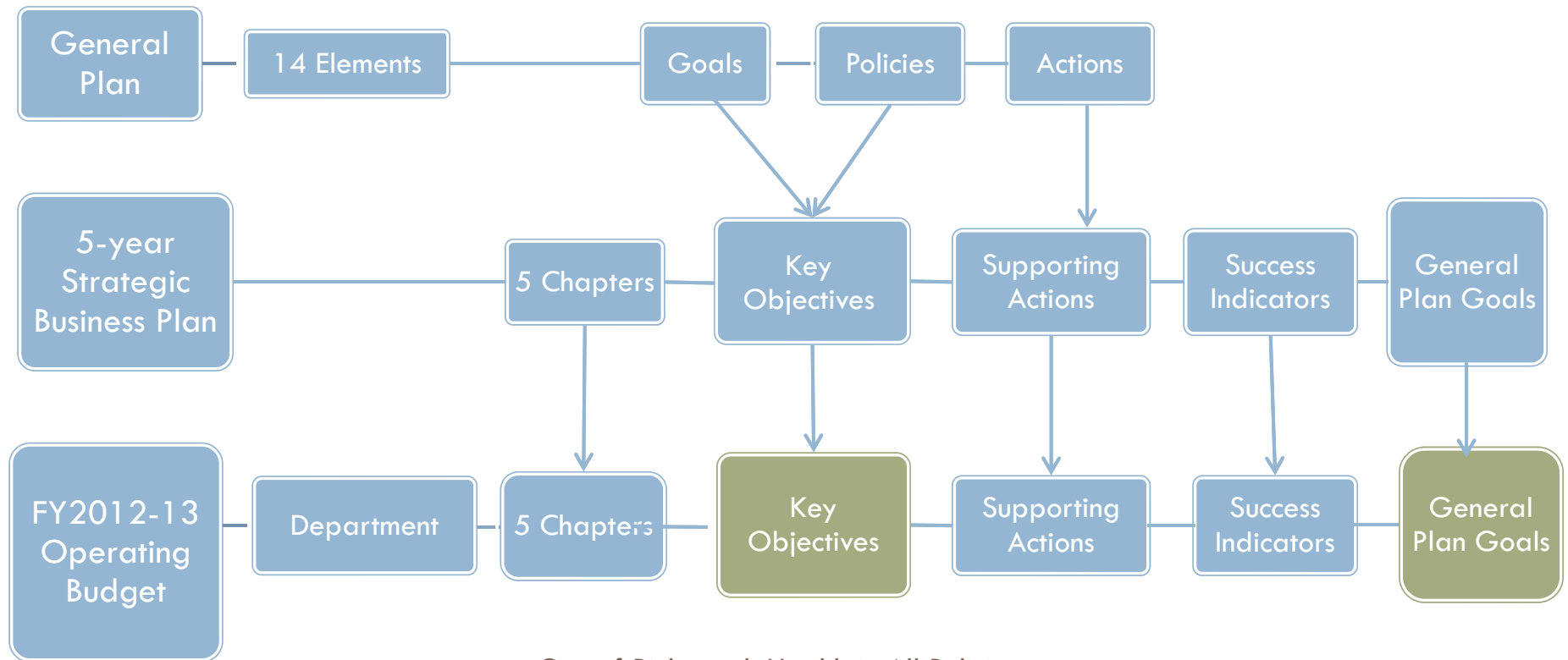


Source: Associate Professor Jason Corburn, UC Berkeley



# HiAP Alignment to Existing City Plans

- There is no formula or right way to implement HiAP.



# CA Policy Direction & Funding for the City of Richmond

22

- Leveraging over \$10 million dollars
- Focus on Developing Healthy Cities
- Strategic Growth Council
  - ▣ Mira Flores Green Belt Project
  - ▣ Urban Greening Master Plan
  - ▣ Mathieu Alley Greening Project
  - ▣ Livable Corridors— Form based Codes
- State Parks Prop 84
  - ▣ Elm Playlot
  - ▣ Greenway Unity Park

# Partnerships: Pogo Park & Greenway

23



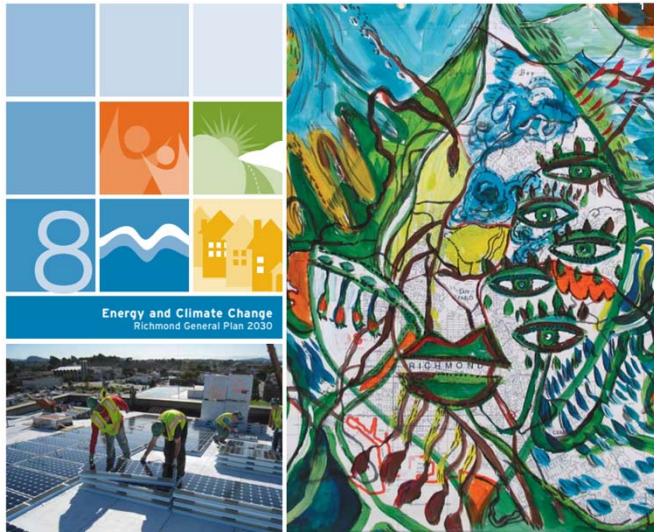
# From Planning to Implementation

## Pennsylvania Ave./Peres Elementary School

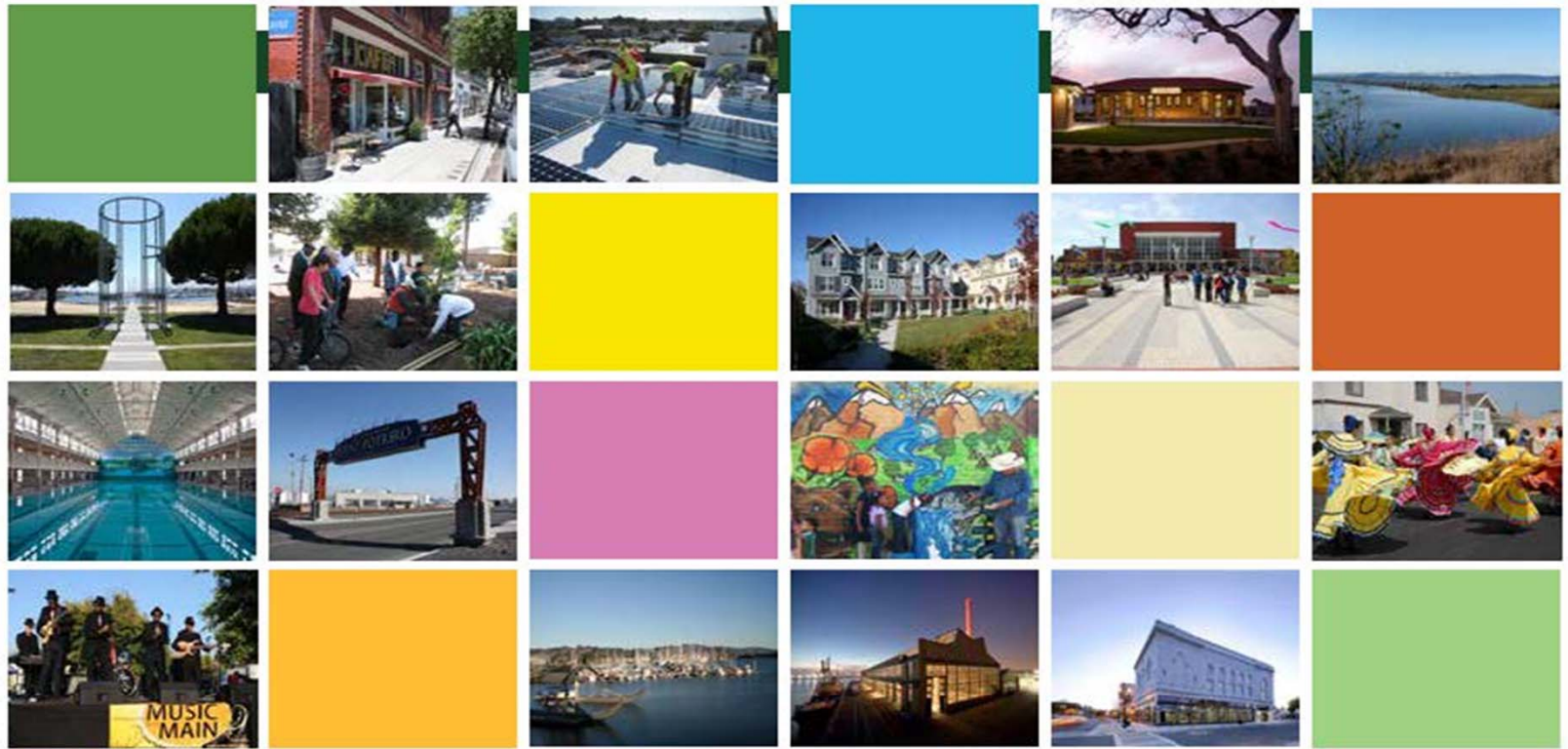




# Climate Action Planning



# Richmond's Health in All Policies Strategy



**City of Richmond**

**Health in All Policies Strategy 2013-2014**



# Health in All Policies: Richmond

28

## □ Health in All Policies is both a process and a goal.

**1. Process:** Collaborative approach - changing way City employees and larger community think about health.

**2. Goal:** Improve health equity by addressing the social determinants of health and integrating health into the decision making process across all departments of the City.



# Upstream & Downstream Interventions

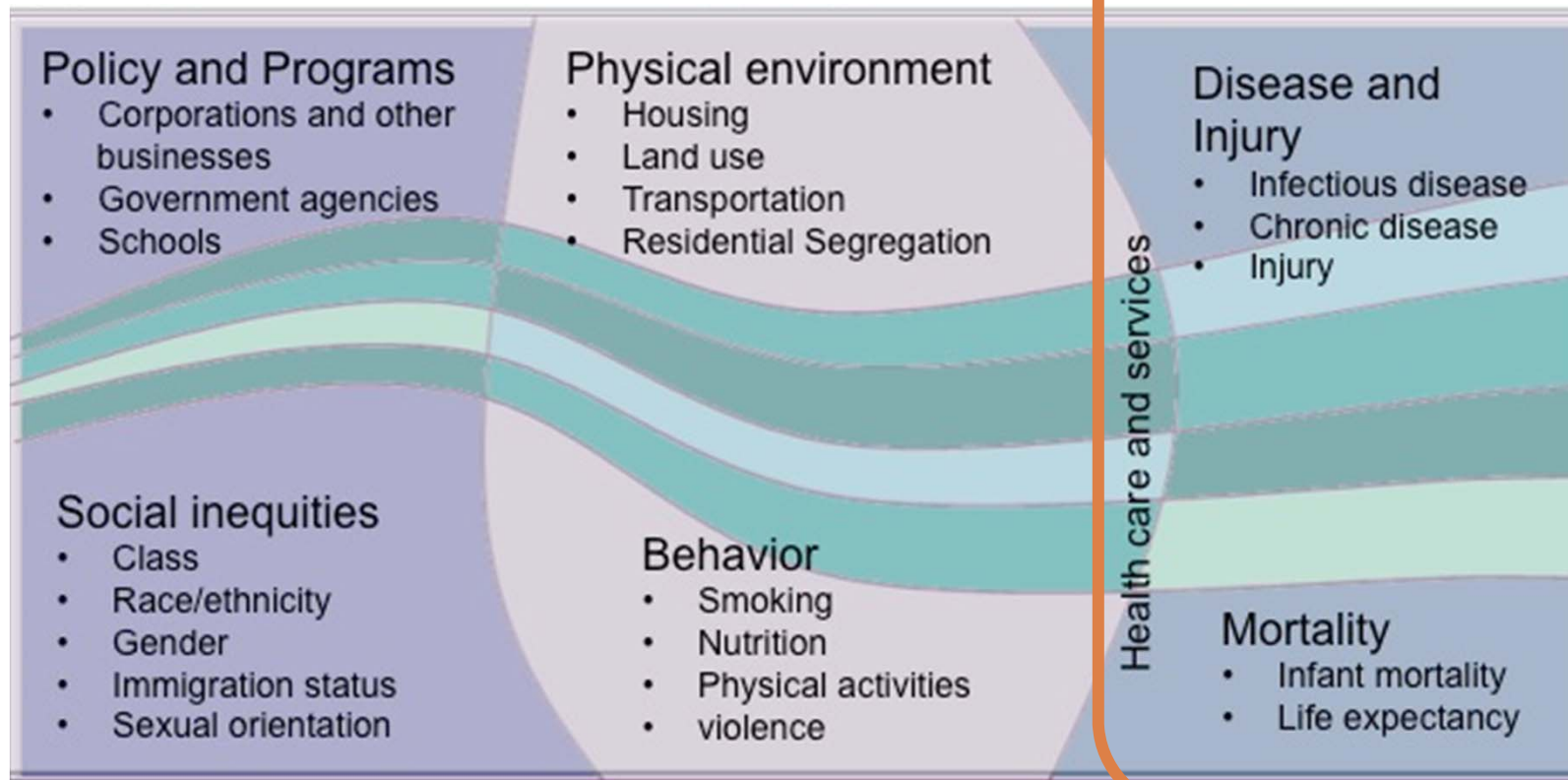
29

Upstream

Midstream

Downstream

\$\$\$



Government, Schools, CBOs

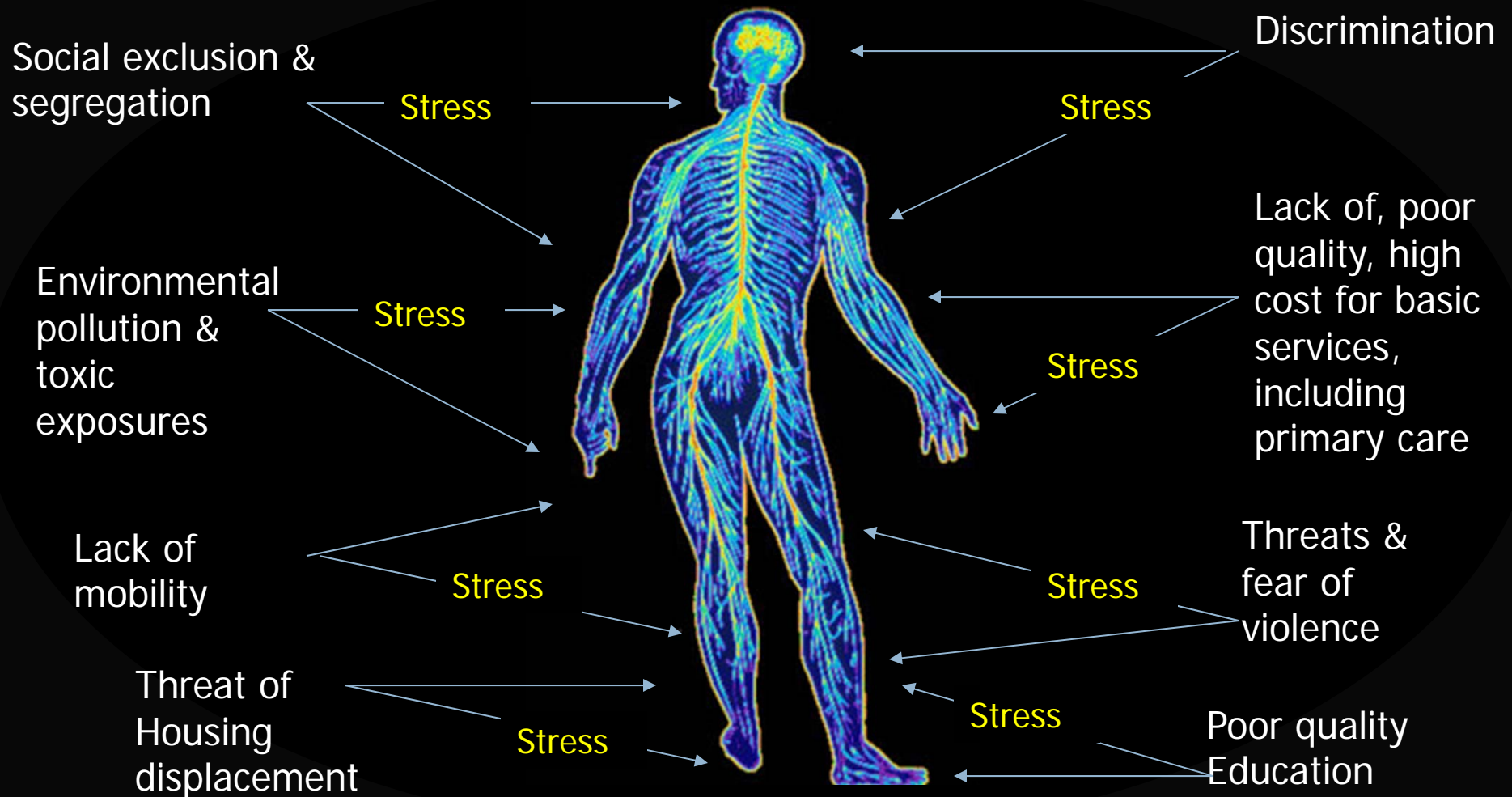
Parks & Housing

Hospitals & Clinics

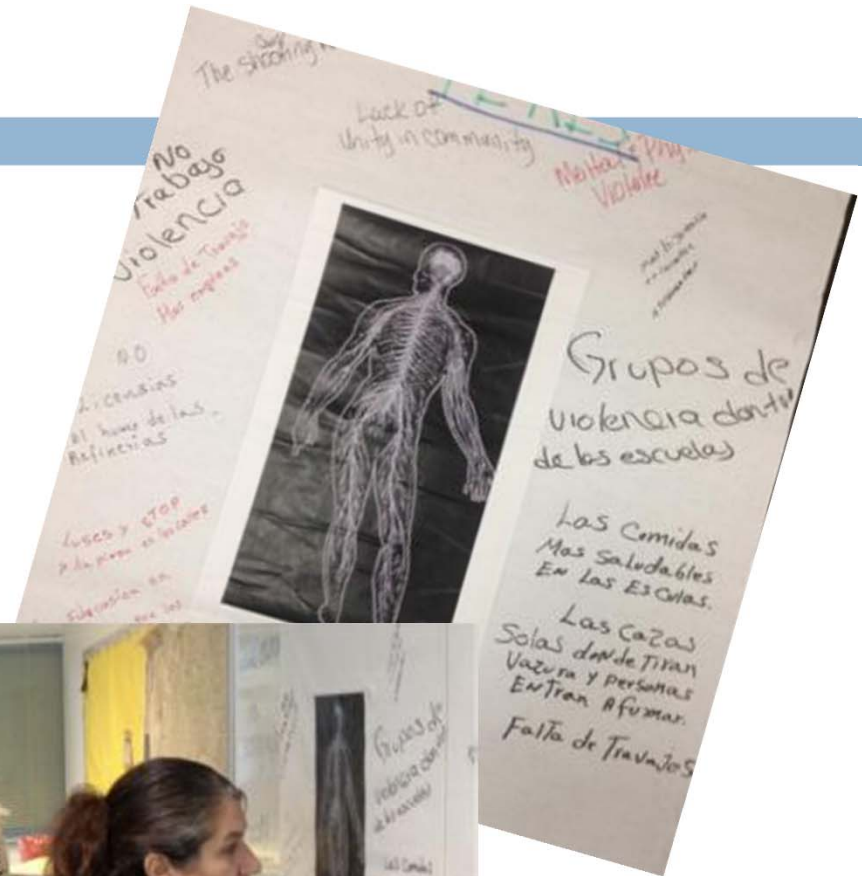
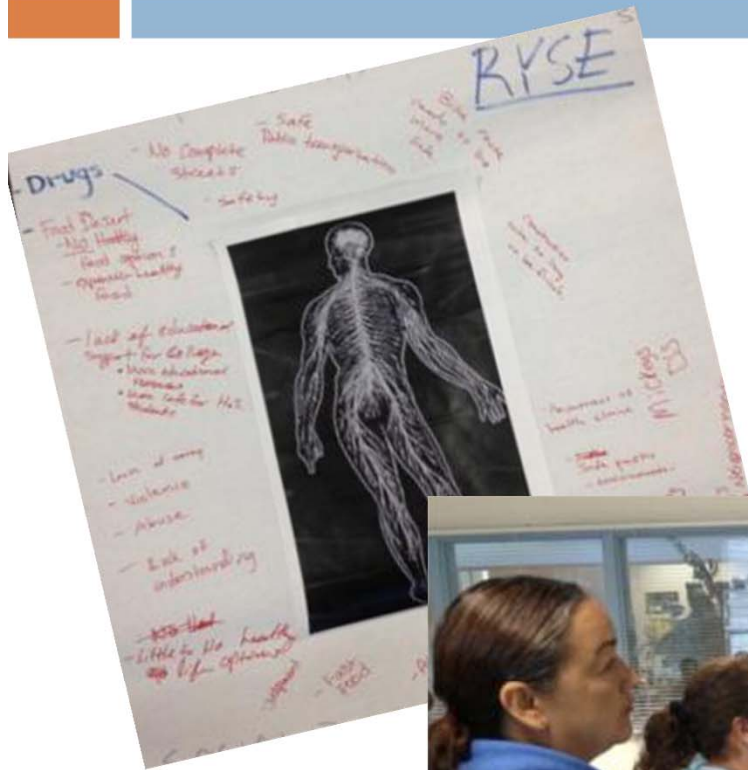
# Driving Hypothesis: Cumulative stress over life-course

## Challenge: Implement multi-dimensional policy responses?

### Physical and Mental Health Impacts



# Community Engagement: Stressors Activity



# Towards Health Equity: Goal 100%

32

Access to a personal doctor

Self-Reported Health:  
Excellent or Good

Rate the job that City Gov does  
at involving citizens: Excellent or  
Good

Perceived safety from  
environmental hazards

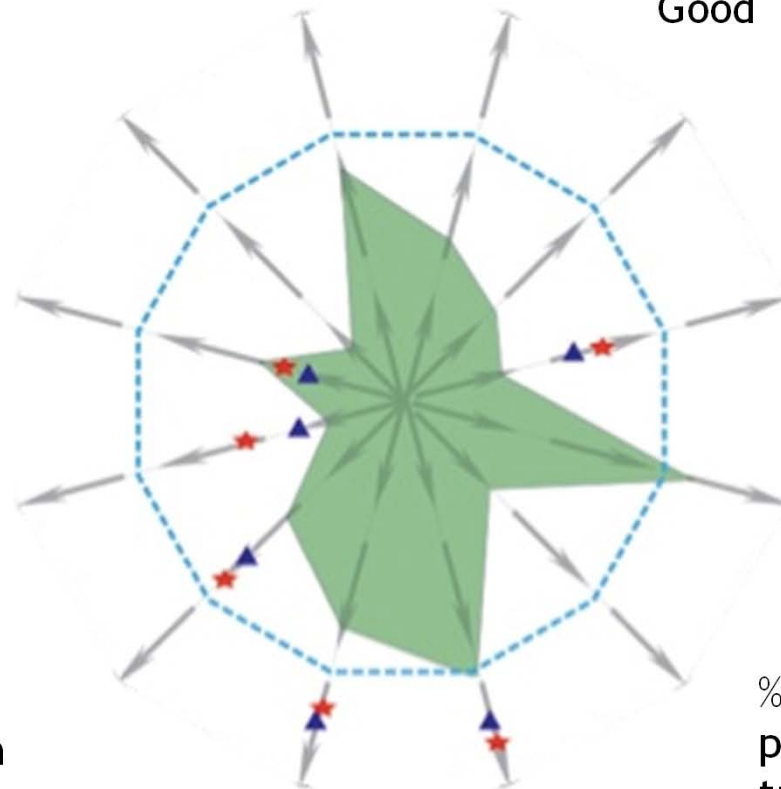
Ate fruit/veggies  
3+/day last week  
(adults)

Regular physical  
activity last week  
(adults)

% Eligible household  
participating in CalFresh

Perceived safety in neighborhood

Perceived safety at nearby park or  
playground (youth)



Participated in  
volunteer or  
community service  
last year

% of Richmond Youth  
who participated in  
YouthWORK's  
Summer program

% of Prisoner Reentry  
population served by  
transition/reentry programs




# HiAP Strategy Document & Ordinance

**Introduction: Mission, Vision & Goals**

*“City services through the prism of health.”*


-Bill Lindsay, City Manager



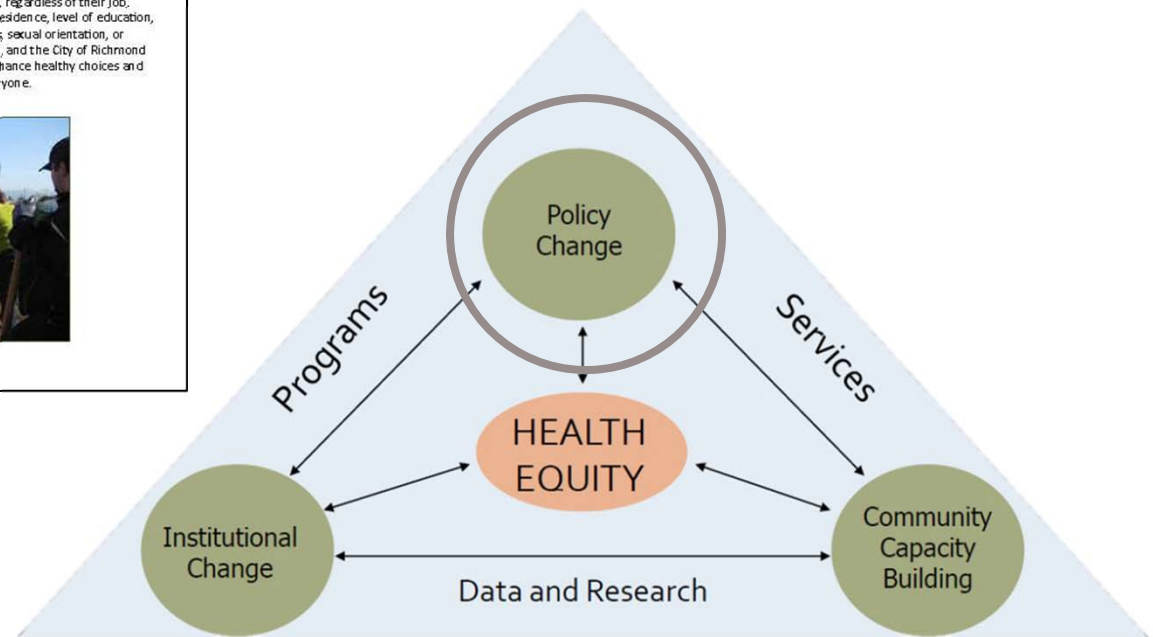
**Mission, Vision & Goals**

Richmond’s Health in All Policies (HiAP) Strategy is an effort to advance health for all residents and promote **greater health equity** for specific population groups in Richmond currently experiencing poor health. This strategy begins from the premise that everyday decisions within the City of Richmond can promote greater opportunities to make healthy decisions and promote more fair health outcomes for everyone. HiAP recognizes that health is not just something that occurs at a doctor’s office or in a hospital, but rather health can be found in the everyday decisions made in almost every city department and can be found in existing policies, such as the General Plan and 5 Year Budget.

Good health is in the interest of everyone in Richmond and the region, since being healthy enhances quality of life, improves workforce productivity, increases the capacity for learning, strengthens families and communities, supports environmental sustainability and helps reduce stress and feelings of insecurity. This HiAP Strategy recognizes that all Richmond residents should have the opportunity to make the choices that allow them to live a long, healthy life, regardless of their job, neighborhood of residence, level of education, immigration status, sexual orientation, or ethnic background, and the City of Richmond can and should enhance healthy choices and conditions for everyone.



CITY OF RICHMOND



# Health in All Policies





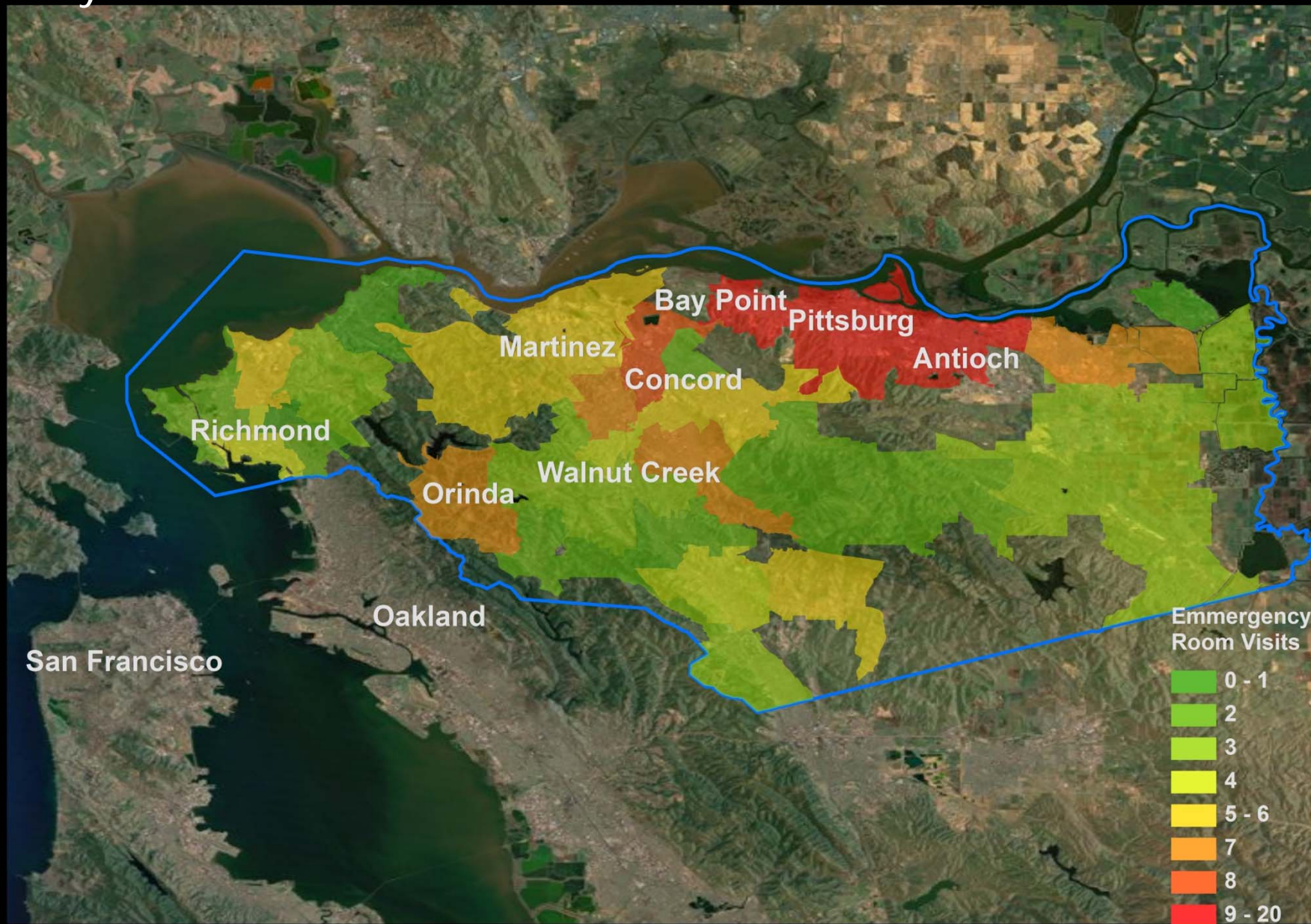
# Planning for Climate Justice and Health Equity



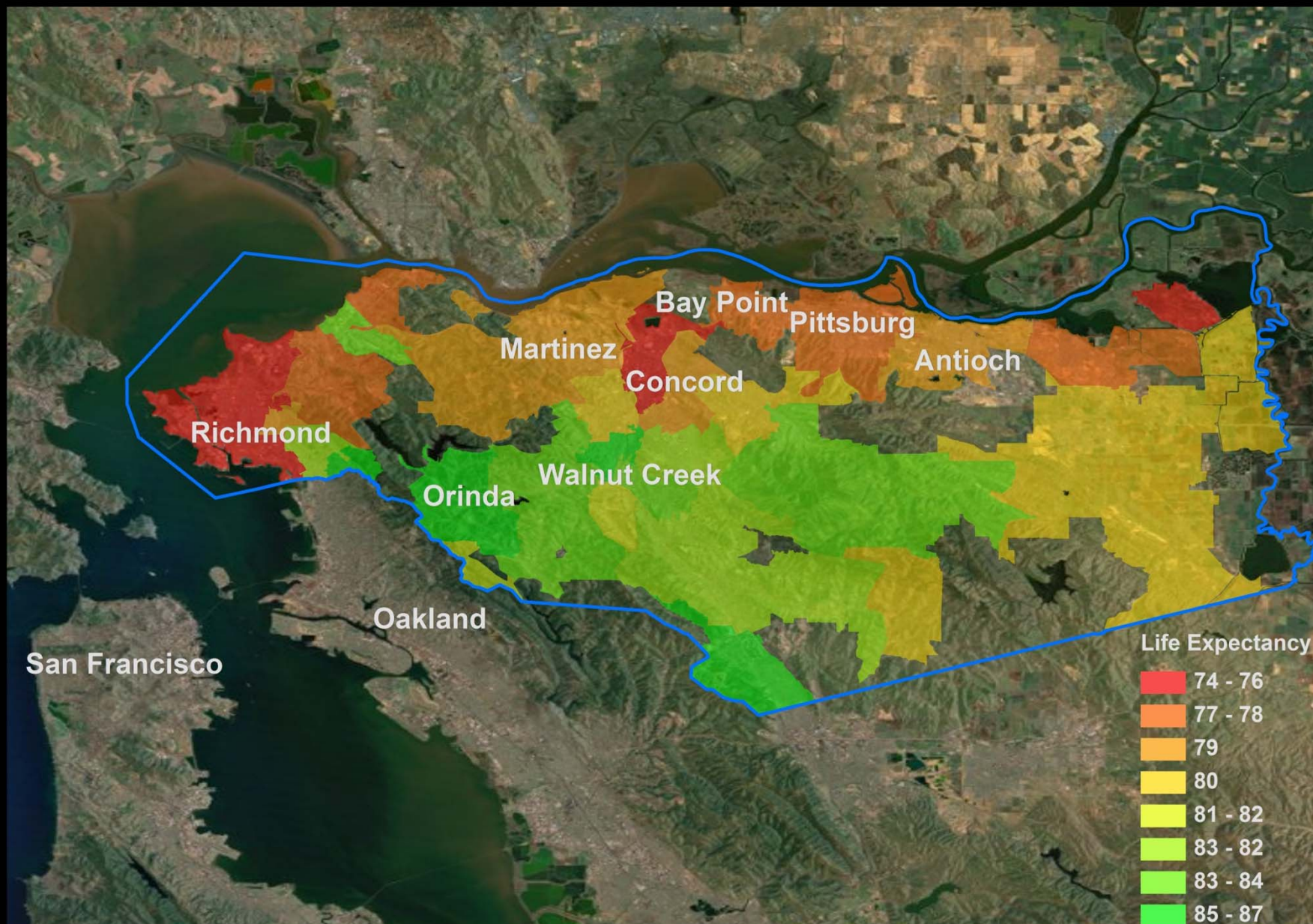
Will Dominie  
Contra Costa Health Services



# Emergency Room Visits (2006 Heat Wave): Contra Costa County



# Life Expectancy: Contra Costa County



# Climate Change Exacerbates Existing Health Disparities

## Climate Impacts:

- Extreme Heat
- Increased Average Temperatures
- Air Pollution
- Wildfire
- Severe Weather/Storms
- Agricultural Disruptions
- Drought
- Sea Level Rise



## Health Impacts:

- Death
- Cardiovascular Stress and Failure
- Illnesses such as Heat Stroke, Heat Exhaustion and Kidney Stones



## Mitigating Factors:

- Tree Cover
- Pavement
- Air Conditioning
- Home Insulation
- Transportation Access to Cooling Centers
- Health Care
- Jobs

## Groups Most Impacted:

- Elderly
- Children
- Farm/Outdoor Workers
- Diabetics
- Low-Income People
- People with Respiratory Diseases














# Our Work



- Climate Action Planning
- Regional Land Use, Transportation and Climate Planning
- Climate Readiness
- Supporting Strong, Knowledgeable, Connected Communities

# Contra Costa Climate Action Plan: Health Co-Benefit Analysis and Policy Advocacy

Health Indicator	Healthy Food	Physical Activity, Walkability, Bikeability	Outdoor Air Quality	Indoor Air Quality	Improved Access	Green Space	Job Creation	Climate Risk Reduction	Health Equity
									
<b>Reduction Measures</b>	LUT5.5	EE5.1 LUT1.1 LUT1.2 LUT1.3 LUT1.4 LUT1.5 LUT1.6 LUT2.1 LUT2.2 LUT2.3 LUT2.4 LUT6.1 LUT6.2	ALL	EE1.1 EE1.2 EE1.3 EE2.1 EE2.2 EE2.3 EE2.4 EE2.5 EE2.6 EE3.1 EE3.2 EE3.3 EE3.4 EE4.1 EE4.2 EE6.2 LUT1.7 LUT3.1 LUT4.1 LUT4.3 LUT4.4 LUT5.1 GO1.1 GO4.4	LUT1.1 LUT1.2 LUT1.3 LUT1.4 LUT1.5 LUT1.6 LUT2.1 LUT2.2 LUT2.3 LUT2.4 LUT5.4 LUT6.1 LUT6.2 GO4.3	EE5.1 LUT2.1 LUT5.5	EE2.2 EE6.1	EE1.1 EE1.2 EE1.3 EE2.1 EE2.2 EE2.3 EE2.4 EE2.5 EE2.6 EE3.1 EE3.2 EE3.3 EE3.4 EE4.1 EE4.2 EE5.1 EE5.2 EE6.2 LUT4.2 LUT5.5 WE1.1 WE1.2 WE2.1 WE2.2 GO1.1 GO2.1 GO2.2 GO4.4	EE2.1 EE2.2 EE2.3 EE4.1 EE6.1 EE6.2 LUT3.1 LUT4.1 LUT4.3 LUT4.4 W2.1 W2.2 GO1.5

# Example Policy Priority: Weatherization



# Regional Land Use, Transportation and Climate Planning (SB 375)



# Getting Ready



# Contact Information



Councilman Tom Butt  
City of Richmond  
tom.butt@intres.com

Shasa Curl, Administrative  
Chief City of Richmond  
Shasa\_curl@ci.richmond.ca.us  
www.richmondhealth.org

Jonathan Malagon  
UC Berkeley  
jmalagon@berkeley.edu

Diane Aranda, Program  
Manager  
The California Endowment  
daranda@calendow.org

Will Dominie, Built Environment  
Program Specialist  
Contra Costa Health Services  
will.dominie@hsd.cccounty.us